506-2

College to confer Fellowships tonight

Will the Initiates stand, please.

"Recognizing that the American College of Surgeons seeks to exemplify and develop the highest traditions of our profession, I hereby pledge myself, as a condition of Fellowship in the College . . .".

Will the Fellows be seated.

Tonight, beginning at 8:00 in the Main Arena of the Civic Auditorium, a majority of the 1,802-member Class of Initiates, will, through the ceremony sketched above, become Fellows of the American College of Surgeons during the impressively colorful Convocation Ceremonies.

If the practice of recent years is continued, approximately 80 percent of the Initiates will attend the ceremony, the others will become Fellows in absentia.

Frank E. Stinchfield, chairman of the ACS Board of Regents, will present the Initiates to College President Charles W. McLaughlin, Jr., who will confer Fellowship.

Also during the ceremonies, Honorary Fellowship in the American College of Surgeons will be conferred on five distinguished surgeons: Martin Allgöwer, MD, FACS, Basel, Switzerland, who will be presented by Joel W. Baker, MD, FACS, Seattle.

Guan Bee Ong, OBE, MB, BS, FRCS (Eng, Edin), FRACS, FACS, Hong Kong, Hong Kong, who will be presented by Floyd H. Jergesen, MD, FACS, San Francisco.

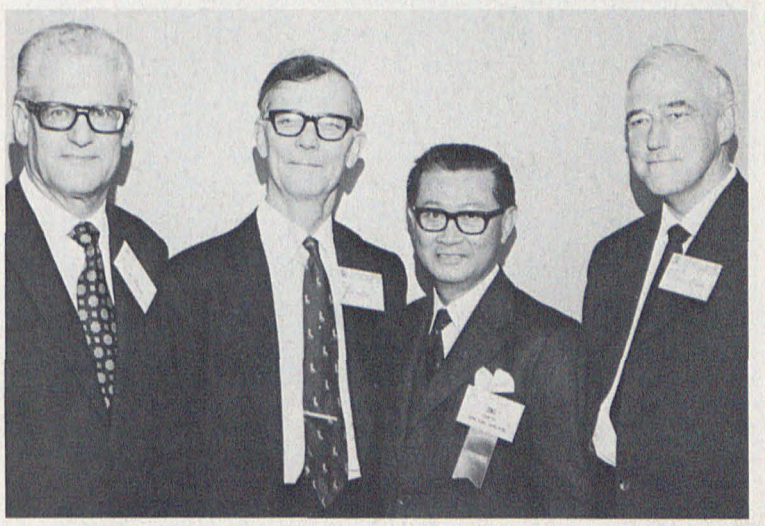
Sir Rodney Smith, KBE, MB, BS, FRCS (Eng), London, England, presented by Frank E. Stinchfield, MD, FACS, New York City.

Paul L. Tessier, MD, Paris, France, who will be presented by Milton T. Edgerton, MD, FACS, Charlottesville, Va.

And Sir Michael Woodruff, MD, FRCS (Edin, Eng) FRACS, Edinburgh, Scotland, who will be presented by Willard E. Goodwin, MD, FACS, Los Angeles.

The installation of new officers will follow. Dr. McLaughlin will pass the Presidential Medallion — and the responsibilities that accompany it — to H. William Scott, Jr., MD, FACS, Nashville, whose first official function will be the presentation of his inaugural address, "Professional Liability: The Crisis and Approaches to a Solution".

Angus D. McLaughlin, MD, FACS, London, Ont., will be installed as First Vice President, and Marshall K. Bartlett, MD, FACS, Boston, as Second Vice President.



THESE GENTLEMEN, plus one other, will become Honorary Fellows of the College during the Convocation Thursday evening. Absent when the photo was taken is Paul L. Tessier of Paris. The other Honorary Fellows-elect, from left, are Prof. Martin Allgower, Basel, Switzerland; Sir Rodney Smith, London; Guan Bee Ong, Hong Kong; and Sir Michael Woodruff, Edinburgh.

acs CLINICAL CONGRESS news

SAN FRANCISCO, CALIFORNIA · 61ST ANNUAL CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS · THURSDAY, OCTOBER 16, 1975

New president to take post

H. William Scott, Jr., MD, FACS, professor and chairman of the Department of Surgery, Vanderbilt University, Nashville, Tennessee, tonight will assume the presidency of the American College of Surgeons at the College's 61st annual Clinical Congress during Convocation Ceremonies in the main arena of the Civic Auditorium beginning at 8:00. A total of 1,802 surgeons from around the world will be admitted to Fellowship in the College at the same ceremonies.

Dr. Scott has been active in the work of the College since being admitted to Fellowship in 1950. He was a member and later chairman of the Surgical Forum Committee; president of the College's Tennessee Chapter; a member of the Board of Governors, and treasurer of the College. Since 1972 he has been a member of the Board of Regents, the College's policy-making body.

Dr. Scott has also assumed positions of leadership in many other medical and surgical associations. He is a past president of the American Surgical Association; the Nashville Surgical Society; the Society of Clinical Surgery; the Society for Surgery of the Alimentary Tract and the Society of University Surgeons. He is a member of many other associations and has been honored by medical schools around the country. He is a former associate editor of *Surgery, Gynecology & Obstetrics*, the official scientific journal of the College, and is a member of the editorial board of *Current Problems in Surgery*.

Dr. Scott is a graduate of the University of North Carolina and earned the MD degree in 1941 at Harvard University Medical School. He completed surgical and neurosurgical training at hospitals affiliated with Harvard and with the Johns Hopkins University School of Medicine. He was on the faculty of Hopkins from 1946 until he became chairman of the Department of Surgery at Vanderbilt in 1952.

Registration Facts

As of 5:00 pm Wednesday

Doctors	12,226
Ladies	5,938
Exhibitors	1,929
Visitors	1,132
Press, staff & aids	225
TOTAL	21,450

ADVISORY COMMITTEE MEMBERS, also known as past presidents of the College, posed for their annual portrait preceding their luncheon Wednesday. Seated from left are: J. Englebert Dunphy, Warren H. Cole, Alton Ochsner, Robert M. Zollinger, Loyal Davis. Standing, Claude E. Welch, William P. Longmire, Jr., Joel W. Baker, Jonathan E. Rhoads, Howard A. Patterson, and Howard Mahorner.

'Look Back for Tomorrow' is title of Martin lecture

"Look Back for Tomorrow" will be the topic of the Martin Memorial Lecture, which will be delivered this afternoon at 3:15 in the main arena of the Civic Auditorium by J. Englebert Dunphy, MD, FACS, a former president of the College and a former chairman of the ACS Board of Regents.

Dr. Dunphy is active emeritus professor and former chairman of the Department of Surgery at the University of California School of Medicine in San Francisco. He is now on the staff of the Veterans Administration Hospital in San Francisco.

A native of Northampton, Massachusetts, Dr. Dunphy is a graduate of the College of the Holy Cross and of Harvard Medical School. He trained at the Peter Bent Brigham Hospital. Before coming to California, Dr. Dunphy spent 20 years on the faculty of the Harvard Medical School and in various positions on the staffs of its affiliated hospitals. He also spent five years as the Kenneth A. J. Mackenzie professor of surgery and chairman of the Department at the University of Oregon Medical School.

In addition to the many years of leadership he has provided to the College, Dr. Dunphy has been president of a number of other surgical organizations including the American Surgical Association, the International Federation of Surgical Colleges, the Lahey Clinic Foundation, the Society of University Surgeons, and the Society for Surgery of the Alimentary Tract.

Donald M. Gallagher is elected chairman of Board of Governors

Donald M. Gallagher, MD, FACS, San Francisco, was elected chairman of the Board of Governors of the American College of Surgeons and Oliver H. Beahrs, MD, FACS, Rochester, Minn., vice chairman during the adjourned meeting of the Board of Governors yesterday afternoon.

Reelected secretary was John A. Boswick, Jr., MD, FACS, Denver.

Jerome J. DeCosse, MD, FACS, Milwaukee, was elected to the executive committee of the Board and T. M. Moseley III, MD, FACS, Jacksonville, was reelected to the executive committee. Colin Campbell Ferguson, MD, FACS, Winnipeg, and Homer E. Smith, MD, FACS, Salt Lake City are continuing their terms on the committee.

The Board of Governors acts as a liaison between the ACS Board of Regents and the Fellows, and as a clearing house for the Regents on general assigned subjects and on local problems. There is one Governor for each state and Canadian province and additional Governors from states or provinces in general proportion to the number of Fellows residing therein. Also, there is one Governor from each commonwealth of the United States and from each country other than the U.S. and Canada in which 15 or more Fellows reside; the remaining Governors are nominated by surgical associations and societies and by federal medical services.

THE YOUNGEST INTERNATIONAL GUEST, little Ana Uranga, is introduced by her parents, Dr. and Mrs. Victor Uranga, to Luis H. Toledo-Pereyra, MD, at the reception for international guests Monday evening. Dr. Uranga, a member of the ACS Candidate Group, is from Chihauhus, Mexico, and Dr. Toledo-Pereyra is at the University of Minnesota.

Vitamin A limits growth of viral-induced cancers

Vitamin A limits the growth of viral-induced cancers in mice and increases survival time, according to a report presented yesterday.

Investigators at the Albert Einstein College of Medicine said the vitamin supplement enhances resistance, apparently by bolstering the thymus gland.

When the mice were inoculated with a million tumor cells, Vitamin A slowed the growth rate of the resulting tumor and increased the survival time by 50 percent.

In a stock of mice that is extremely susceptible to cancer, all died within 32 days when inoculated with 10,000 tumor cells. In a similar group that received Vitamin A, the tumor growth was slowed and the survival time more than doubled.

The investigators included Eli Seifter, PhD, associate professor of biochemistry; Guiuseppe Retura, PhD, research associate, Department of Surgery; Stanley Levenson, MD, FACS, professor of surgery; Anton Schittek, resident in surgery; and Achilles Demetriou, MD.

Although large doses of vitamin A were used, the stimulation of the immunity system is not due to a vitamin toxicity, they said. "Vitamin A is no more toxic and maybe considerably less so than other treatments used for stimulating immune responses".

This is demonstrated by the fact that carotene, a natural constituent of foodstuffs, including the carrot and sweet potatoes, is as effective as Vitamin A in promoting the immune reaction.

"As the body cannot produce enough Vitamin A from carotene to produce Vitamin A toxicity, and as carotene itself is essentially nontoxic, feeding carotene will in most cases provide a convenient, safe way of obtaining the desired effects of Vitamin A", said the authors.

In another study, the investigators found that skin graft rejection was slowed when a cast was placed around mice. The cast apparently behaves as a stress, causing the adrenal glands to enlarge and produce a larger amount of steroids. These hormones destroy some types of white blood cells required for rejection of foreign tissue.

However, when supplemental Vitamin A was administered, the graft rejection was speeded up. The vitamin prevents enlargement of the thymus gland induced by wearing the cast.

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Cleaning artery also improves thought process

Cleaning out a blocked neck artery carrying blood to the brain not only helps prevent stroke but also improves the patient's personality and general thought processes, according to a report presented yesterday.

The operation, called carotid endarteroctomy, removes the atherosclerotic plaque that impedes full flow of blood to the brain in the carotid arteries along the side of the neck.

C. Doyle Haynes, MD, FACS, professor of surgery, Emory University, Atlanta, Ga. studied 15 patients, aged 59 to 78, before and after the surgery. The study showed they made fewer mistakes and performed on tests significantly faster than they did before the blocked artery was cleaned out. Movement and other coordination was improved and an average rise of 18 points on I.Q. tests also was registered.

Psychological tests were able to determine whether the blockage had been on the right or left carotid artery by scores that reflected right-side or left-side cerebral functioning.

Collaborators in the study were Glen David King, PhD, associate professor of psychology, Ashburn University, Ashburn, Alabama, and Richard Lee Dempsey, MD, of Opelika, Alabama.

Electrical stimulation can provide relief on its own

Electrical stimulation provides pain relief on its own, rather than because of psychological or suggestive factors, researchers from the Cleveland Clinic reported Wednesday.

Avram M. Cooperman, MD, of the Clinic's Department of General Surgery, described a study where electrical stimulation was applied to 26 adult post-operative patients, who were compared with 24 control-patients to whom the stimulator was applied without the electrical current.

All the patients in the study had undergone abdominal operations and were randomly assigned to treatment groups without the investigators, the evaluators, or the patients knowing who was assigned to which group.

"Pain relief was significantly better when stimulators with current were used, with the poorest response found in patients for whom the stimulators without current were used", said Dr. Cooperman. "When stimulators with current were used, good to excellent results were obtained in 77 percent of cases, while the use of stimulators without current achieved a good result in 34 percent of cases".

The amount and frequency of a postoperative injection of the tranquilizer diazepam (Valium) or of a pain reliever, merperidine hydrochloride (Demerol) or both were also recorded. There was no significant difference in post-operative complication between the two groups.

Co-authors of the paper were Barbara Hall, RN, nurse assistant; and Edward S. Sadar, MD, and Russell W. Hardy, Jr., MD, both of the Department of Neurosurgery.

Laparoscope valuable diagnostic aid in Gyn

Use of a viewing tube inserted into a tiny incision in the abdomen is permitting the gynecologist to become an exact diagnostician without doing a major abdominal surgical exploration, according to a report presented yesterday.

Jordon M. Phillips, MD, associate clinical professor of obstetrics and gynecology, University of California at Irvine, said the laparoscope provides a "picture window" to what could only be felt previously. The instrument speeds up the diagnostic and recovery time without creating cosmetic injury and with a much reduced cost. It eliminates the exploratory operation in many cases.

A diagnosis of infertility can be made in six to 14 days as compared to four to 13 months without laparoscopy, said Dr. Phillips. Delay or unnecessary operation are avoided in chronic or acute pelvic pain.

Biopsies of the ovary, tubes, uterus, and liver can be accomplished by inserting instruments through the laparocope. Fluids can be aspirated. Diagnoses of cancer, adhesions, inflammatory diseases, ectopic pregnancies, and other diseases can be supported. In basic research in reproductive biology, photographs of ovulation, fertilization, and embryonic development have been obtained.

"Laparoscopy has now revolutionized the practice of gynecology", said Dr. Phillips. "Every gynecologist can become a more exact diagnostician than ever before. Within five years, gynecologists have developed the potential to replace major abdominal exploration with its large incision, pain, slow recovery, and risks with a lesser operative procedure that has major diagnostic and definitive therapeutic results".

An extension of laparoscopy is fetoscopy, using a much smaller viewing tube and actually entering the amniotic cavity to view the fetus for anatomic defects, for obtaining fetal blood samples, obtaining fetal biopsies, giving fetal blood transfusion, and possibly doing fetal surgery in the uterus, said Dr. Phillips.

"Fetoscopy is in the experimental stage and less than a dozen pregnancies have been allowed to go to term after visualization", he said. "Close to 1,000 fetoscopies have been performed on patients undergoing second trimester abortions in 10 to 15 institutions in the United States, Canada, and England".

He stressed that the technique must be perfected so that the risk to the fetus and mother is less than the congenital disorder under investigation. "The detection of fetal defects early in pregnancy could lead to prevention or elimination of severe deformities and inheritable disease, to intrauterine therapy of treatable disorders, or to medical and parental preparedness for the affected baby", said Dr. Phillips.

Fetoscopy is not to be confused with amnioscopy, a procedure used in late risk pregnancies in which amniotic fluid is not entered but observed vaginally for color that may predict fetal distress or for sampling the scalp blood of the fetus for monitoring after membrane rupture has occurred during labor.

It is requested that smoking be limited to hallways and areas adjacent to scientific meeting rooms (where not prohibited by fire department regulations) and that no smoking occur in the meeting rooms before or during a presentation.

VITAL STATISTICS of registration are updated at the end of each day in the computer center of Brooks Hall. Mark Cramer, who heads the computer operations for the College, checks the first "returns" an hour after registration opened Sunday. Illegible names have to be made legible and spelling verified before they can be key-punched by Ms. Jacque Bishop.

Corneas can be preserved up to 6 days

A new method for preserving eye corneas has been developed that permits use of the cornea for transplantation for up to six days after the death of the donor. In the past, corneas have not been considered suitable for use after 48 hours of moist chamber storage.

Under the new method, the cornea is removed from the eyeball, placed in one ounce of a special tissue culture fluid, and refrigerated. The new method, which was developed by Bernard E. McCarey, MD, assistant research professor, and Herbert E. Kaufman, MD, FACS, professor and chairman, Department of Ophthalmology, University of Florida, Gainesville, Florida, was reported yesterday by Perry S. Binder, MD, assistant professor, Department of Ophthalmology, University of California, San Diego.

An effort was also made by Dr. Binder to rejuvenate in tissue culture corneas that had exceeded 48 hours of moist chamber storage. However, there was no improvement in the quality of the outdated corneas, Dr. Binder reported. Experiments are continuing.

Corneas also can be preserved by freezing for up to six months. However, this method, called cryopreservation, is expensive and requires a trained technician.

Facial defects lecture Friday

The Department of Surgery, Division of Plastic Surgery, will sponsor a lecture by Dr. Milton T. Edgerton, professor of surgery, University of Virginia. The topic is "Reconstruction of Congenital Facial Defects". This will be followed by case presentations by the plastic surgery staff of the University of California. The conference will begin at 8:30 am (until noon) Friday, October 17, at Toland Hall, University of California, San Francisco Medical Center. All interested parties are invited to attend.

ACHIEVEMENTS of John Hunter were cited by C. Frederick Kittle, MD, FACS, Chicago, who was a guest speaker at the Opening Ceremony Monday. Dr. Kittle is professor of surgery and director of the thoracic surgery section at Rush-Presbyterian-St. Luke's Medical Center.

All Fellows are urged to attend annual meeting

Reports from the Chairman of the Board of Regents (Frank E. Stinchfield), the Chairman of the Board of Governors (David C. Sabiston, Jr.), and the Director of the College (C. Rollins Hanlon) will lead off the Annual Meeting of the Fellows this afternoon, starting at 4:00 in the Main Arena of the Civic Auditorium.

All Fellows (and Initiates) are urged to attend.

Other activities scheduled include presentation of the 1975 Distinguished Service Award of the American College of Surgeons; presentation of the 1975 International Guest Scholar; and presentation of the ACS/Schering Scholarship certificates. ,

Also, a report of the chairman of the Nominating Committee of the Board of Governors; announcement of election of Regents; and announcement of election of officers of the Board of Governors.

The report of the chairman of the nominating committee of the Fellows will preceed the nomination and election of governors and the nomination and election of officers of the American College of Surgeons.

Time for new business, including items submitted from the floor, will be the last agenda item.

Caps, gowns

Initiates who have not yet done so should pick up their caps and gowns today between 8:30 am and 3:00 pm in Room 102 of the Civic Auditorium.

They are also urged to attend the Assembly of Initiates, which starts at 4:45 pm in the Civic Auditorium, Main Arena.

Panelists to discuss ER responsibilities

Allocating responsibility in the Emergency Room will be the topic of the annual Trauma Field Program Panel Discussion, which begins at 1:30 p.m. today in War Memorial Auditorium I.

The tremendous increase in volume of nonemergent patients crowding emergency departments in recent years has compounded the problem of maintaining quality care for all patients. In particular, it has become increasingly difficult to assure that the frequently overwhelmed emergency physician will have adequate time not only to treat but to identify truly life threatening emergencies before it is too late.

The much needed emphasis in recent years on high quality training of ambulance attendants and upgrading of prehospital emergency medical service systems has begun to yield the dividend of larger numbers of seriously ill and injured patients arriving alive and in a salvageable state inside emergency departments. Having arrived, they pose extremely challenging problems in complex emergency care if their survival is to continue. Thus, our success in training emergency medical technicians to a high level of proficiency has literally compounded both the manpower shortage and the difficulties in providing high quality care encountered in many emergency departments.

In an attempt to meet this challenge, new sources of professional manpower have emerged which, if properly utilized, can materially assist in handling a large percentage of emergency patients. The panel will consider the professional capabilities of the Nurse Practitioner, Emergency Department Nurse, Emergency Medical Technician and Physician Assistant along with a relatively new entity known as the Emergency Department Physician. Allocation of responsibility commensurate with their abilities must be accomplished if proper use is to be made of personnel represented by these categories in the emergency department.

The panel will be moderated by Dr. Thomas W. Morgan, Gallipolis, Ohio, chairman of the Subcommittee on Hospital Emergency Departments for the Committee on Trauma of the College. Panelists who will accept the difficult challenge of assigning areas of responsibility to various categories of emergency department personnel are: Henry C. Cleveland, MD, FACS, Denver, Colorado; Allen Klippel, MD, FACS, St. Louis, Missouri; Thomas Hunt, MD, FACS, San Francisco, California and Judith Kelleher, RN, past president of the Emergency Department Nurses Association.

Views of a number of concerned organizations including the American College of Surgeons, Emergency Department Nurses Association, University Association of Emergency Medical Services, and the American College of Emergency Physicians will be represented by members of the panel.

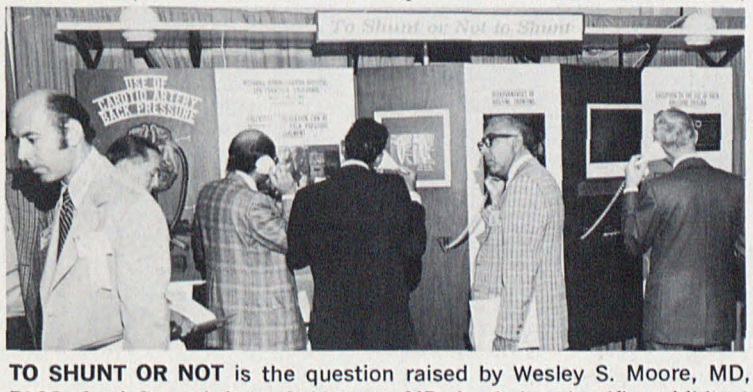
Seven papers to be presented at session

Two Honorary Fellows-elect, Paul L. Tessier of Paris, and Guan Bee Ong, Hong Kong, will present papers this afternoon during the second papers session (the first was held Tuesday) beginning at 1:00 in the Main Arena of the Civic Auditorium. A total of seven papers will be presented.

Advancement of the Mid-face in Crouzon's and Apert's Diseases will be read by Dr. Tessier. Dr. Ong's topic is Carcinoma of the Liver.

Other papers to be presented are: Role of Xeroradiographic Examination of the Breast in Management of Mammary Carcinoma, by John N. Wolfe, MD, Detroit; Multimodal Surgical Adjuvant Therapy for a Broad Spectrum of Human Tumors, George J. Hill II, MD, FACS, St. Louis; Is Jejunal Bypass for Obesity Justified?, by John R. Benfield, MD, FACS, Torrance, Calif.

Also, A Clinical Study of 300 Patients with Acute Pancreatitis, John H. Ranson, MD, BCh, FACS, New York; and Retrograde Cholangiopancreatography: Report of 800 Cases, by Richard E. Kessler, MD, FACS, New York.



TO SHUNT OR NOT is the question raised by Wesley S. Moore, MD, FACS, far left, and Jerry Goldstone, MD, in their scientific exhibit at Brooks Hall. Judging by the popularity of the exhibit, many doctors are interested in the answers presented by the authors.

Undergrad education

Influence of change subject of discussion

The influence of recent changes in graduate medical education on undergraduate surgical education will be discussed this morning beginning at 10:30 in Larkin Hall, Civic Auditorium.

James B. Snow, Jr., MD, FACS, will moderate the Undergraduate Surgical Education Panel Discussion.

Curricular changes will be discussed by C. Barber Mueller, MD, FACS; career selection by John E. Chapman, MD; effects on recruitment by G. Rainey Williams, MD, FACS; and effects of recruitment to surgical specialties by Bruce E. Spivey, MD, FACS.

ALAIN LIEGEOIS, right, from Paris, France, who will present a report in one of the Surgical Forum sessions, visits with his host and hostess, Dr. and Mrs. John R. Orndorff of Park Ridge, Illinois, during the reception for international visitors Monday evening.

A baby kidney transplanted in adult will grow

When a kidney from a baby is transplanted to an adult it will eventually grow to the size of an adult kidney, Sherman J. Silber, MD, assistant professor and vice-chairman, Division of Urology, University of California Medical Center, San Francisco, reported yesterday.

The rate of growth of a kidney is independently programmed within the kidney itself and is not a function of the growth of the individual to whom it has been transplanted, Dr. Silber said, reporting on a series of experiments on animals that showed baby kidneys grow at the same pre-set and to the same ultimate size whether in babies or adults.

"Renal size would be predictably related to renal age rather than the host's age", said Dr. Silber.

Furthermore, when there is excess need by the body for more kidney function, a transplanted baby kidney will grow larger than normally but returns to normal size when the extra need is removed.

Since the rate of the kidney growth is pre-set, a child with poor kidney function may get worse as his body continues to grow at a greater rate than his kidneys, said Dr. Silber.

College has forms for IRS or verification

The College will provide, upon request, signed forms verifying attendance at the Clinical Congress or at a particular postgraduate course, certifying the number of hours the course met, for those persons who require such certification for continuing education reasons, or for other reasons, including those required by the Internal Revenue Service.

The generalized form, stating that the person has attended the 61st annual Clinical Congress, can be obtained at the Information and Message Center in Brooks Hall. The form for certifying registration for one of the postgraduate courses should be requested at the Postgraduate Course ticket desk, also in Brooks Hall.

Ticket required for convocation

Persons other than Initiates who wish to attend the Convocation Ceremonies tonight (which start at 8:00 in the Main Arena, Civic Auditorium) should pick up a ticket, which is free, at the Initiate's Non-advance Registration Desk in Brooks Hall. The desk will be open today from 8:00 am until 5:00 pm.

It is permissible for children to attend.

Traumatized body can't use insulin properly—Harlow

Patients who have undergone surgery or been accidentally injured develop an upset in their ability to use insulin properly, according to a report presented Wednesday.

Courtland L. Harlow, Jr., MD, resident, Department of Surgery, Boston University School of Medicine, said that the fine balance the body maintains between the individual's blood sugar level and the amount of insulin in the blood stream is upset so that the tissues no longer appear to respond properly. Tissues become insensitive or resistant to insulin with the result of a higher blood sugar level, a condition similar to diabetes.

Dr. Harlow tested the theory by studying the responsiveness of traumatized patients to doses of injected insulin. Abnormalities in the glucose response persisted for up to five days.

"The major importance of this study is helping delineate the body's metabolic response to trauma so that someday we will be able to determine the actual trigger that brings about this altered metabolic response", he said. "By so doing, we may be able in the future to prevent those portions of this altered metabolic state that often prove deleterious to an individual's recovery following trauma".

Co-authors in the study were John M. Hiebert, MD, resident, Department of Surgery, Boston University School of Medicine; N. Thomas Ryan, PhD, assistant professor of biochemistry, Boston University School of Medicine; J. Stuart Soeldner, MD, Jocelyn Diabetic Clinic, Harvard Medical School; and Richard H. Egdahl, MD, FACS, professor of surgery, Boston University Medical Center.

May we present

THE JOHN E. CONNOLLY SURGICAL SOCIETY (top) was formally established Tuesday evening when about 30 of the 45 charter members met for dinner and presented a surprised Dr. Connolly, third from left, with a plaque. With Dr. Connolly are, from left, Akio Wakabayashi, MD, FACS, secy-treas.; Robert A. Steedman, MD, FACS-Initiate, president; and Richard D. Doering, MD, FACS, president-elect. Dr. Connolly, a member of the ACS Board of Regents, is observing his 10th anniversary as chairman of the Department of Surgery at the University of California—Irvine. . . **INTERNATIONAL GUEST SCHOLAR** (middle) Carlos Nava Gutierrez, MD, right, from San Luis Potosi, Mexico, accepts a check from Walter F. Ballinger, chairman of the ACS International Relations Committee at a meeting of that committee Tuesday. As the guest scholar, Dr. Nava will tour several medical facilities in the United States immediately following the Clinical Congress. . . **JACK WICKSTROM,** MD, FACS, of New Orleans, (bottom) received the Surgeon's Award for Distinguished Service To Safety, presented by the National Safety Council at the annual dinner of the ACS Committee on Trauma. A plaque was presented by Vincent Tofany, left, president of the National Safety Council. Dr. Wickstrom, a senior member of the ACS C/T, was selected for his outstanding contributions in the field of orthopaedic research, treatment of multiple injured patients, surgical implant, dedicated teaching, and for his many significant contributions as an author.

Microscopic technique reverses vasectomy

A microcopic technique for reversing vasectomies by restoring continuity to the sperm-carrying tube has resulted in restoration of fertility in 19 consecutive vasectomized males thus far, Sherman J. Silber, MD, assistant professor and vice chairman of the Division of Urology at the University of California School of Medicine, San Francisco, reported yesterday. Dr. Silber said, however, that despite the 100 percent success rate so far, no patient should be guaranteed that his vasectomy can be reversed.

The operation, which Dr. Silber said was developed by himself and Dr. Earl Owen in Australia, was demonstrated on closed circuit color television from Fort Miley Veterans Administration Hospital.

The operation re-connects the tiny openings of the vas. The surgeon uses an operating microscope with magnification up to 40 power and sutures are invisible to the naked eye. Instruments are miniaturized and include carefully polished jewelers' forceps and various types of neurosurgical clips for clamps. The technique was originally used for microvascular surgery.

Among the problems of reversing vasectomies is the small size of the channel between the two segments of the sperm-carrying tube. The near segment is about ½ to ¾ of a millimeter in diameter and the far segment is ¼ to ⅓ of a millimeter.

Dr. Silber warned that, despite the success of his operation, patients should not have vasectomies as an easy, safe method of birth control and then have them reversed when they decide to have children.

"Lest my fellow ecologists are worried that this discovery will lead to more babies in an overcrowded world, I think rather that many men who were in doubt will now have their vasectomy with greater peace of mind", said Dr. Silber. "There are many men who seriously desire vasectomy and feel their family is complete. Yet they fear to take that irrevocable step. Knowing that vasectomy is now reversible in the vast majority of cases will encourage them to have it done earlier".

The majority of patients who want vasectomy reversed have a history of divorce and remarriage and wish to have a child by their new wife. Others undertook this step after the death of one or more children.

"With the sadly increasing rate of divorce and remarriage in this country we may expect to see an increasing number of men requesting vasectomy reversal", said Dr. Silber. "As it becomes known that this is achievable, we expect to see even more otherwise reluctant husbands ask earlier for the safest of all birth control methods—vasectomy".

Anticoagulants slow spread of cancer

The coauthor of the principal work proposing 'no-fault' auto insurance, yesterday called for application of the 'no-fault' principle paying victims promptly out of court for all kinds of accidents, including those stemming from manufactured household products, medical treatment, falls in stores, etc.

Professor Jeffrey O'Connell's proposed law would allow anyone — including businesses or professionals, such as doctors— to elect to pay from then on for medical expense or wage losses from injuries caused by the particular product or service without regard to anyone's fault. The businessman or doctor would be allowed to elect all, or if he chose, just certain risks of personal injury typically created by his product or service and agree to pay for any out-of-pocket losses when injury results from those risks. To the extent—and only to the extent—a guarantee of such so-called 'no-fault' payment exists at the time of the accident, no claim based on fault would be allowed.

Professor O'Connell participated as a panelist on the "A New Look at Professional Liability" held Tuesday morning.

Ciné Clinic premieres 17 educational films

The 17 new surgical films making their debut at this Clinical Congress mark the 25th Anniversary of the Ciné Clinic program, a joint educational effort by the ACS and Davis & Geck which began in 1950.

The Ciné Clinics are an outgrowth of the ACS Motion Picture Program which began in 1926. Before films became widely used in the developing and updating of surgical skills, it was necessary for a physician to attempt to "look over" another surgeon's shoulder as he actually performed a procedure in the operating room. These were called wet clinics. They were time consuming and inconvenient at best. Today, professionally shot and edited films are used to teach surgical procedures, often with the surgeon who perfected the technique giving the demonstration.

The Ciné Clinics were inaugurated in 1950 in Boston so that surgeons attending the Clinical Congress could observe operating procedures and learn new surgical techniques without the time consuming inconveniences of the wet clinic.

Each year the ACS Committee on Medical Motion Pictures selects 20 to 25 surgeons to be the authors of 15 to 20 films that will be presented at the Ciné Clinics. The Davis & Geck film crew then works with the surgeons to produce the films. The same three-man team has made the majority of the films that have become part of the Ciné Clinics. Following the showing at the Clinical Congress, the Ciné Clinic films go into the ACS Film Library to be booked by hospitals, medical associations, and other professional organizations. In 1972, Davis & Geck became the distributor for the ACS film library containing films on more than 1,300 subjects that have been viewed by more than 300,000 audiences. Currently the films are booked for about 30,000 viewings a year.

The ACS Motion Picture Library has a booth, S-833, in the Scientific Exhibit area in Brooks Hall, where the current catalog is available.

'No Fault' could cover any mishap

Spread of cancer can be reduced in experimental animals by adding anti-clotting drugs to chemical therapy, according to a report presented Tuesday.

The report was prepared by Herbert C. Hoover, Jr., MD, resident in surgery at the Massachusetts General Hospital, Boston, and Alfred S. Ketcham, MD, FACS, professor of surgery at the University of Miami Medical School. Dr. Hoover and Dr. Ketcham developed their study while both were on the staff of the National Cancer Institute.

Combining chemotherapy and anticoagulation is theoretically sound because of the unique way they complement each other, the authors said. Tumors produce a substance that promotes the normal blood clotting mechanism and circulating tumor cells are believed to use the clotting mechanism to attach themselves to the inner lining of capillaries and initiate the spread of cancer.

Anticoagulation with Warfarin is effective in limiting the cancer spread, presumably by preventing adherence of the tumor cells to the blood vessel wall and keeping them in circulation, the authors said. Drug treatments have more ready access to tumor cells when they do not have the protective coating of the fibrin that is formed in the clotting process. Drugs also are more effective against small tumors than against large ones.

It is also possible that by preventing clotting, Warfarin prevents fibrin from blocking the formation of blood vessels in a growing tumor. With fewer blood vessels formed, less oxygen gets into the tumor cells. Reduced oxygen makes cancer cells more susceptible to cancer-destroying agents.

"Further studies are clearly indicated to establish guidelines for use of chemotherapy and anticoagulation as adjuvants to the operative resection of primary tumors or as the primary form of treatment for inoperable patients," the authors said.

And finally . . .

North Dakota Chapter, ACS
4:00 — 6:00 pm
Cocktail Party
Clift Hotel, Mezzanine
(495 Geary Street)

Surgery Dept.—**Saginaw** Coop Hospitals
6:00 — 8:00 pm
Reception
St. Francis, Olympic North